

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.B.		
O.I.P.E. CLASSIFIER	ay		
FORMALITY REVIEW	MD	579	3/20/01
RESPONSE FORMALITY REVIEW	Request	925	05-23-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Final	Original	Date
1	4	9	6
2	25	20	13
3	5	03	04
4	1	✓	✓
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If more than 150 claims or 10 actions
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Best Available Copy